

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2002 - 218 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Elizabeth Ross for ProMedia/USA, Inc.

Telephone: 864-923-3179

Address: 207 Adair Place  
Laurens, South Carolina 29360

Fax: 864-984-6400

Other:

Email: flagmaker@earthlink.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input checked="" type="checkbox"/> Request for Suspension  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

**REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)**

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: September 27, 2012

Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number \_\_\_\_\_
- ☒ Class C Charter Certificate Number 7250-A
- ☐ Class C Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_
- ☐ Class E Household Goods Certificate Number \_\_\_\_\_
- ☐ Class E Hazardous Wastes Certificate Number \_\_\_\_\_

**RECEIVED**

SEP 27 2012

TODAY  
CLERK'S OFFICE

I request that my certificate be suspended until 09/30/2013

Date: (XX/XX/XXXX)

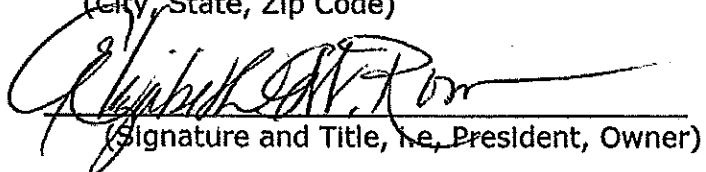
ProMedia/USA, Inc.  
(Name of Company)

D/B/A Elegant Events  
(If applicable)

207 Adair Place  
(Street and or Mailing Address)

Laurens, SC 29360  
(City, State, Zip Code)

864-984-6400  
(Telephone Number)

  
(Signature and Title, i.e. President, Owner)

**Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.**

**Reason for Request for Suspension of Operations:**

ProMedia would like to suspend operations due to the fact that the business does not presently own a limousine. The vehicle previously registered was sold in May 2012 and has not been replaced to date. Once a replacement vehicle is obtained, we would like to petition to resume operation at that time. We anticipate it will take several months to acquire a vehicle which will effectively service the needs of our targeted market.